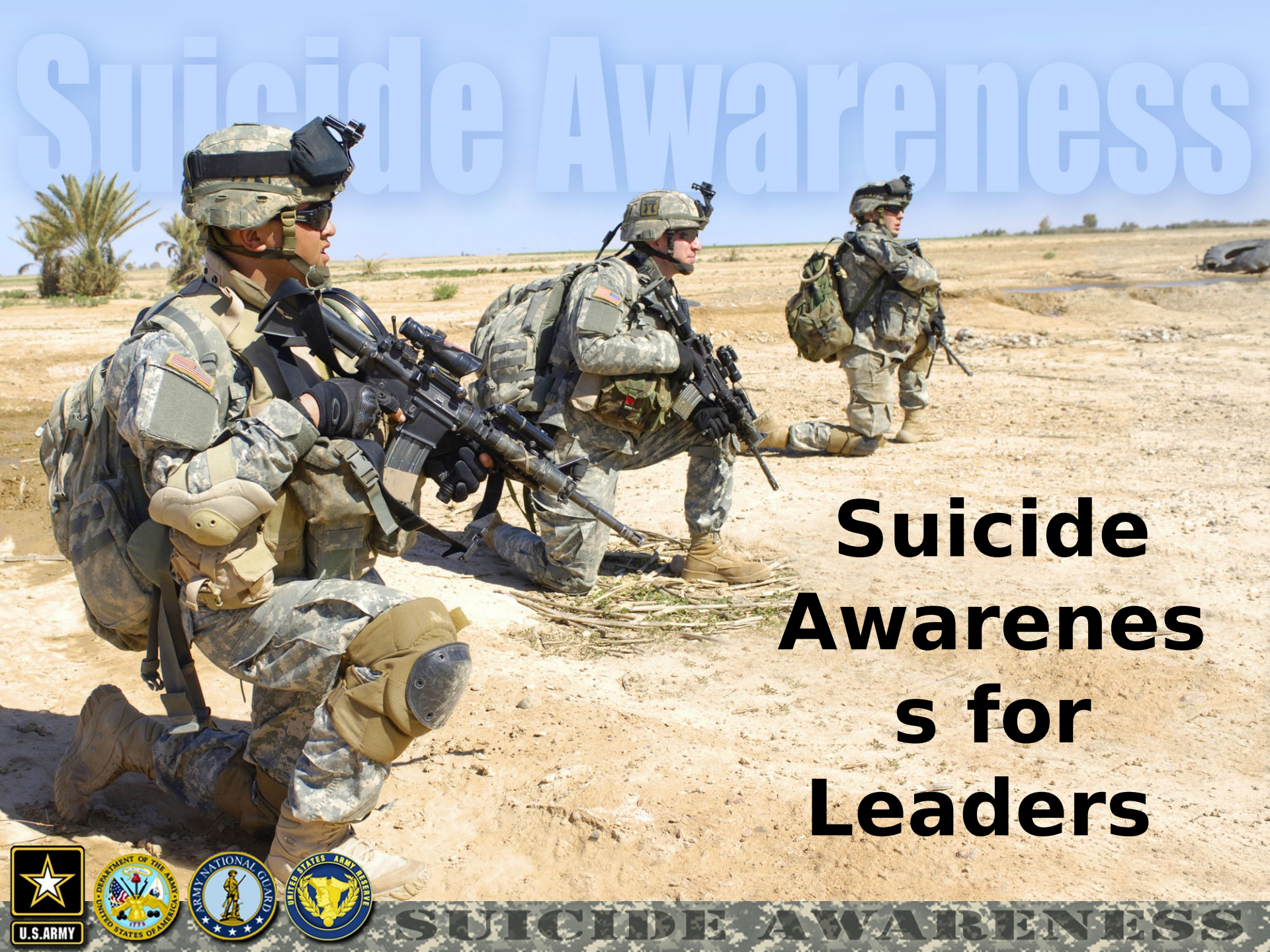
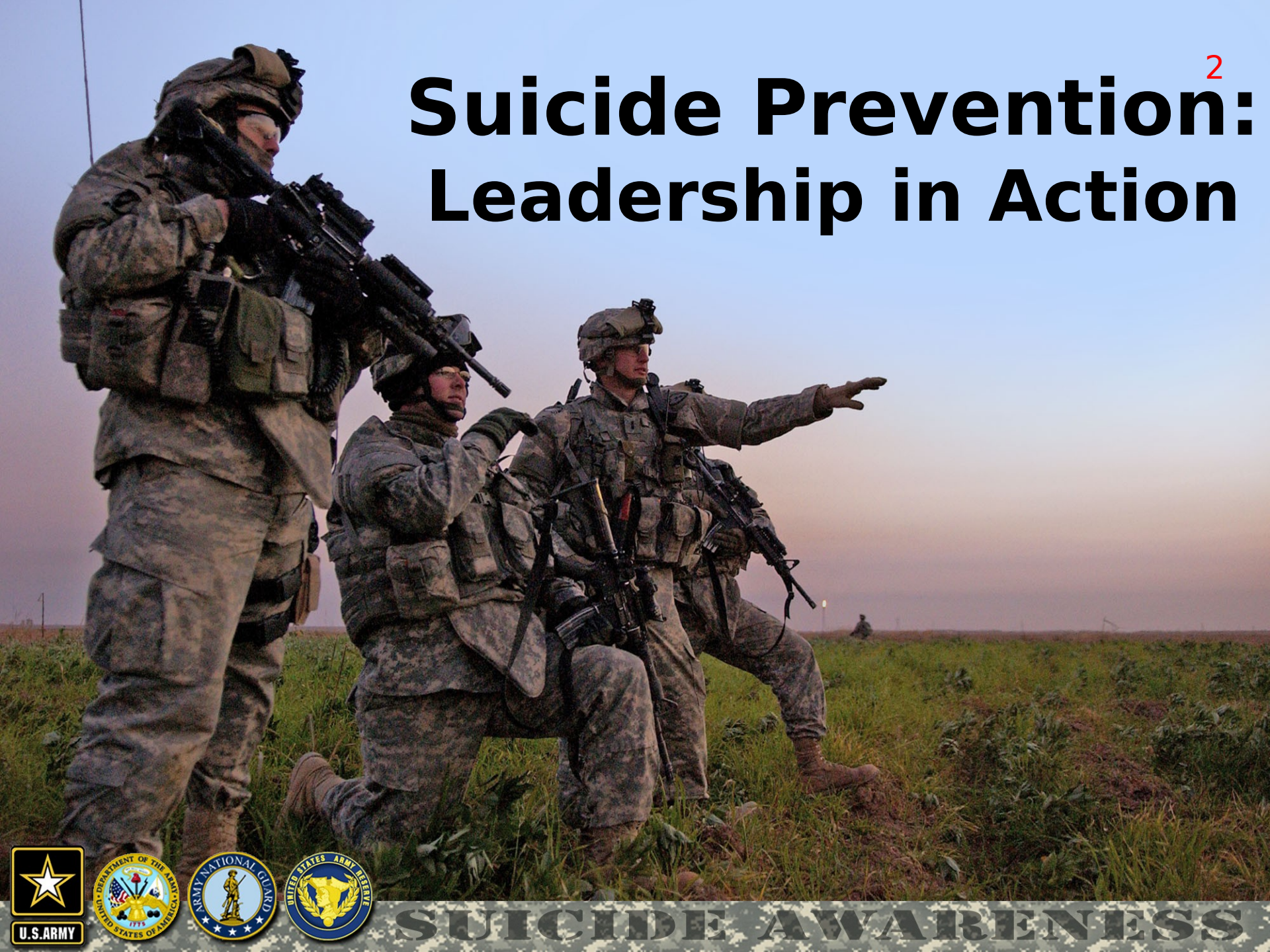

Suicide Awareness
Suicide Awarenes s for Leaders
U.S.ARMY
SUICIDE AWARENESS

Suicide Prevention: Leadership in Action

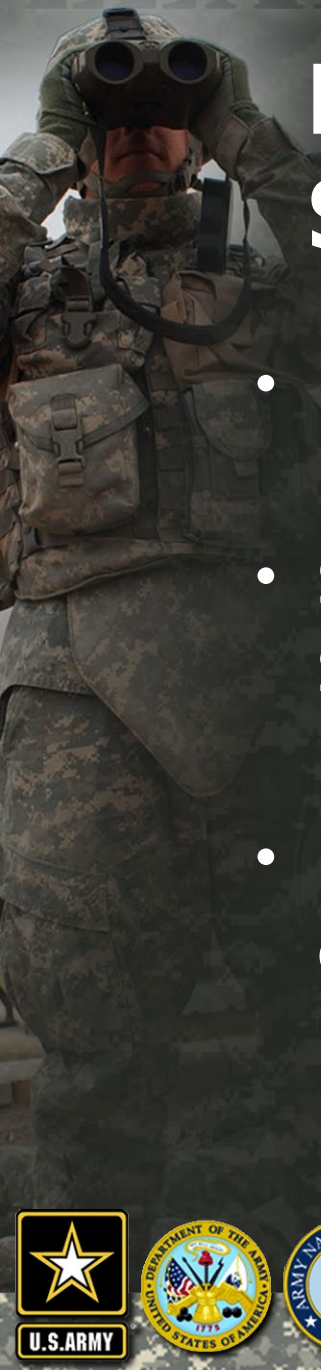


Bottom Line for Leaders

- Suicide can be prevented, but we need your help.
- Create a trusting environment where Soldiers will feel that it is okay to ask leaders for help.
- “Earlier treatment leads to faster recovery”.

Bottom Line for Leaders
(continued)

- Establish a climate that seeking help is not a character flaw but is seen as a sign of strength.
- Know your Chaplain and behavioral health partners.
- Insist that outreach behavioral health services be available to your unit, as deemed appropriate.



Leaders Can Reduce Stigma by:

- Not discriminating against Soldiers who receive behavioral health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.

Leaders Can Reduce Stigma by:

(continued)

- Educating all Soldiers and Family members about anxiety, stress, depression, and treatment.
- Increasing behavioral health visibility presence in Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).
- Reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).

Stigma and Career

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health

Standard Form 86, Question 21 – Revised
(Feb 2008)

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer "No" if the counseling was for any of the following reasons and was not court-ordered:

- ***strictly marital, family, grief not related to violence by you; or***
- ***strictly related to adjustments from service in a military combat environment.***

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

Under Secretary of Defense
Intelligence

Under Secretary of Defense
Personnel and Readiness

Army Health Promotion and Risk Reduction

"Leaders across our Army recognize that the health of our Soldiers, Army Civilians and Family members is a top priority. We remain committed to doing what is needed to care for our most precious asset—our people, thereby ensuring a healthy and resilient Force for the future. We must maintain our shared focus and continue these most important efforts in the days ahead."

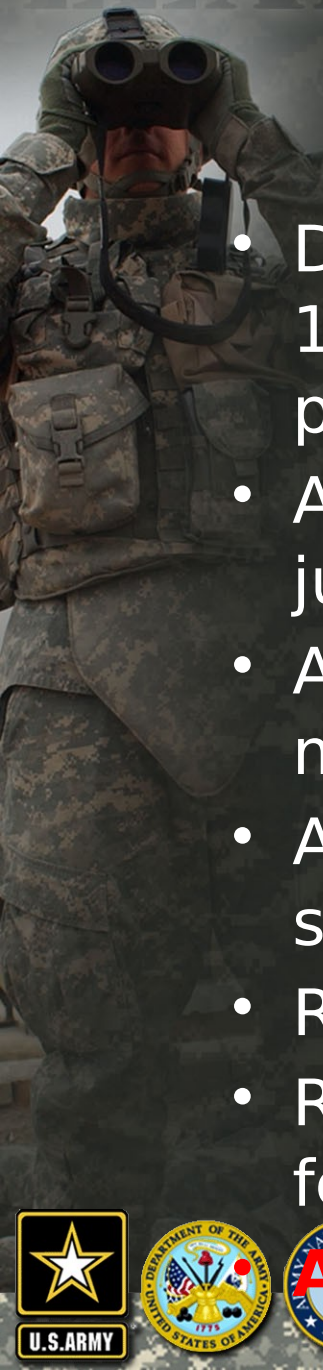
- GEN Lloyd J. Austin III
Vice Chief of Staff, Army

Sergeant Major of the Army Raymond F. Chandler III

"Make a Difference!"

"Leaders are in the best position to be our first line of defense."

"Recognize that seeking help is a sign of courage and that even the strongest turn to one another in a time of need."



WHO DIES BY SUICIDE?

- During CY 2010, Army AD had 144 confirmed & 12 pending; NG/Reserves 10 confirmed & 7 pending.
- Army Suicides are higher among our young junior enlisted ranks.
- Army Suicides are highest among young white males; ages 18 to 25.
- Army Suicides have increased among our senior NCO/Officers.
- Rate of suicide is greater among males.
- Rate of suicide attempts is greater among females.
- **Anyone, at any age, can die by suicide.**

Intervention

Ask your buddy

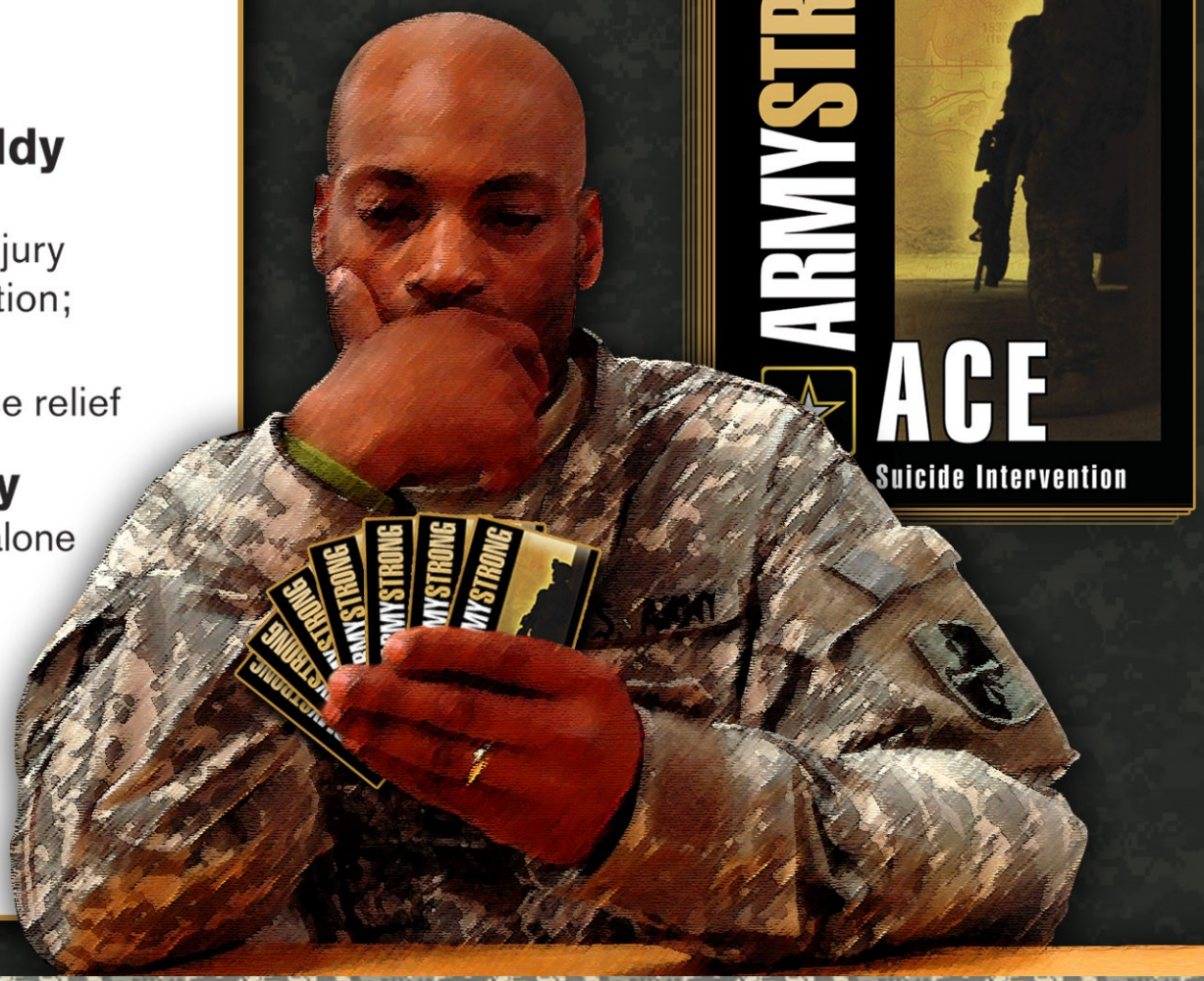
- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

Care for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

Escort your buddy

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider



Vignette Questions

- What warning signs or symptoms presented in the vignette indicated that the Soldier was experiencing problems?
- What courses of actions could you have taken to help this Soldier?
- What are some barriers, attitudes, and problems that Soldiers might face from leaders when asking for help?
- Who could you have referred this Soldier for help?
- What problems do you have as leaders in dealing with Soldiers who exhibit behavioral and emotional problems?

Vignette Questions

- What warning signs or symptoms presented in the vignette indicated that the Soldier was experiencing problems?
- What courses of actions could you have taken to help this Soldier?
- What are some barriers, attitudes, and problems that Soldiers might face from leaders when asking for help?
- Who could you have referred this Soldier for help?
- What problems do you have as leaders in dealing with Soldiers who exhibit behavioral and emotional problems?

Suicide Vignette # 1

PVT Jones, a 20 year old PVT on his first deployment downrange. He had no specific risk indicators; no significant medical or behavioral health history, nor was he on any medication. He was however, a natural introvert, with few friends, and he spent most of his time playing video games. Although it appeared PVT Jones suffered from isolation he had actually experienced three successive romantic relationship failures, and had a tendency to imagine these relationships far more serious than they possibly were. The romantic rejection coupled with a unit APFT failure may have been too much, PVT Jones was placed in a supervised remedial PT program. On the day his remedial program was to begin, PVT Jones refused the program and died later that same day, after he shot himself. It was later discovered that one of PVT Jones' friends said PVT Jones had mentioned suicide as well as going AWOL on at least one occasion; but this information was never reported to the chain of command.

Can you list the warning signs and risk factors?

Given that you know PVT Jones and are aware of his distress, which of the following would be the best response?

1. As a friend and knowing that PVT Jones was basically an introvert I would have made every attempt to get him out of his room and/or if not possible make every attempt to take advantage of our friendship and an open invitation to participate in his interest.

Suicide Vignette # 2

SSG Brown, a 24 year old Soldier in an overseas location, who although was married, was estranged from his wife and
in a relationship with a local female. He was subsequently counseled for an inappropriate relationship (although he
planned on divorcing his spouse and marrying his girlfriend). His wife resided in the states and SSG Brown lived in an
apartment off-post which overtime led him to a financial hardship. His chain of command never had any complaints
when it came to the Soldier, his duties, work and responsibilities were always beyond reproach. On the day SSG
Brown proposed to his girlfriend she did not accept (she had a number of male friends); which was the same day the
Soldier hung himself. SSG Brown also suffered from an adjustment disorder.

Can you list the warning signs and risk factors?

Given that you know SSG Brown, and are aware of his distress, which of the following would be the best response?

1. As a friend, I would have spoken to him about the seriousness of an overseas relationship involving someone who
lives in another country. He was in a country that sees Soldiers come and go and he should be having fun since he
lived in an apartment off-post. I would ask him, how certain was he of this relationship?
2. If I became aware that his girlfriend turned down his marriage proposal, I would talked to him and ask how he was
managing the rejection? If I thought that he was not forthcoming, I would stay with him re -assuring him that I will be
there to help cope with his situation. I would d ask him about suicidal thoughts i.e. "Are you thinking

Suicide Vignette # 3

SFC Anthony, a high risk 39 year old Soldier with over 20 diagnosed medical problems and was on 12 different
prescription medications. He was also evaluated for suicidal ideations, homicidal ideation, major depression, post
traumatic stress disorder, and personality disorder. When his death occurred he was appealing a medical evaluation
board (MEB). He had no connection with his family; his parents were both deceased and he had a brother whom he
hadn't seen in years. He also had no significant other in his life. SFC Anthony had a battle buddy who was also
identified as a high risk Soldier.

Can you list the warning signs and risk factors?

Given that you know SFC Anthony and are aware of his distress, which of the following would be the best response?

1. The chain of command (CoC) is responsible to oversee SFC Anthony's career. His medical diagnosis and the
prescribed medications were signs of a high risk Soldier. This Soldier required CoC immediate attention and support.
]Communications between behavior health and SFC Anthony's chain of command is important in order to ensure that
he gets the required help.
2. SFC Anthony was appealing an MEB and there has to be strong evidence for him to meet an MEB. Why should
the CoC give him any more added attention? SFC Anthony is a senior Soldier and he knows what is acceptable and
what is not acceptable in the Army. Besides, it's a medical board and the Army can't monitor all MEB for

Suicide Vignette # 4

MAJ Johnson, a 36 year old married officer stationed in North Carolina. He had been there about four months and

had a reputation as a top-notch Soldier and leader! He'd recently returned from deployment and his family lived about 2

and ½ hours from his newly assigned duty station. MAJ Johnson went home every weekend – he was considered a

geographical officer. Although not confirmed, MAJ Johnson believed his spouse may have been involved with another

Soldier; he felt there was something different about their relationship from the moment he returned home from

deployment. During a night of drinking with friends at a local bar, the MAJ mentioned his concerns to his friends. After

a few drinks, the MAJ left the club by himself. The next day his spouse called his unit looking for him, concerned that

something may have happened since he had not returned home from the night before. The unit began a search.

Approximately an hour later, the police reported that his vehicle was found on the side of the road; the MAJ had shot

himself.

Can you list the warning signs and risk factors?

Given that you know MAJ Johnson and are aware of his distress, which of the following would be the best response?

1. MAJ Johnson knew what to do when it came to Soldiers under his command, surely he could handle this

situation. He didn't need any intervention; after all he had been a commander and was labeled as a "Top Notch

Leader".

2. Often a person thinking about suicide does not communicate openly about his or her intent. Given that the Major

shared concerns about his relationship, I would discuss this further with him encouraging the Major speak with

Suicide Vignette # 5

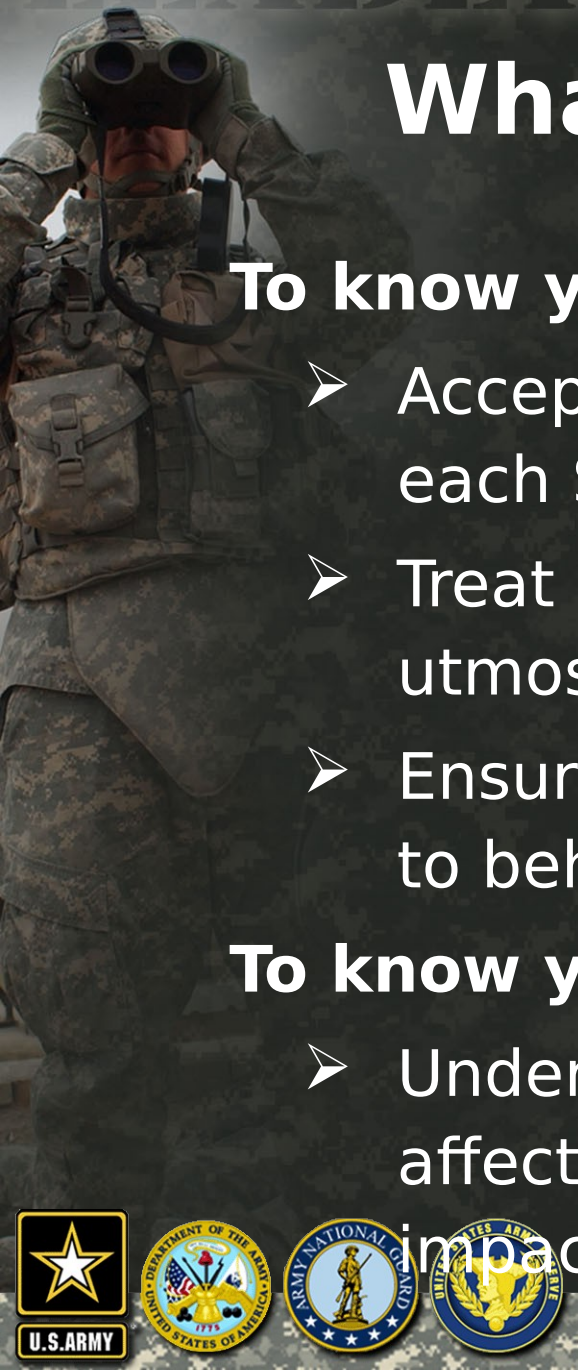
CPT Garcia was 25 year-old, married Hispanic male, who was a dedicated career officer. He has deployed two times since the beginning of the war in Iraq. His unit is preparing for another deployment. CPT Garcia is highly regarded by leadership. Recently, his spouse informed him that if he deploys again she will divorce him. His immediate commander has noticed changes in his mood and behavior e.g., occasional angry outburst and sadness. CPT Garcia appeared pre-occupied and tired. His commander has decided to take action and counsel CPT Garcia.

What actions should his immediate commander take?

What Leaders Can Do

To know your people, leaders must:

- Talk to Soldiers and Civilians, listen to what they have to say.
- Send the message that you are interested in hearing about the Soldiers' and Civilians' problems.
- Emphasize that seeking help in times of distress displays courage, strength, responsibility, and good judgment.
- Get them help!



What Leaders Can Do
(continued)

To know your people, leaders must:

- Accept the unique and diverse qualities of each Soldier or Civilian.
- Treat each Soldier and Civilian with the utmost respect and regard.
- Ensure Soldiers and Civilians have access to behavioral health.

To know your unit, leaders must:

- Understand that organizational stress affects the unit's morale and in turn can impact the mission.

What Leaders Can Do
(continued)

- **Reduce unit stress by the following methods:**
  - ✓ Keep Soldiers and Civilians informed about all decisions that may affect them.
  - ✓ Encourage participation in unit planning.
  - ✓ Develop a strong mentoring system within the unit
  - ✓ Foster an environment of self–care and peer support **(Battle Buddy).**
  - ✓ Contact BH to conduct an **anonymous unit assessment.**
  - ✓ Arrange for appropriate BH assistance based on the assessment results.
  - ✓ Encourage healthy lifestyles (i.e., fitness, adequate rest, good nutrition).

Leadership Focus

To foster a climate that emphasizes caring and

concern, the leadership must focus on the following:

- Review all policies and procedures and remove anything that may stigmatize help-seeking behaviors.
- Eliminate any policy which discriminates, punishes, or discourages a Soldier or Civilians from seeking help.
- Educate leaders regarding policy to eliminate belittling those who seek behavioral health assistance

Leadership Focus (continue)

- Ensure annual suicide awareness/intervention training is provided to all Soldiers and Civilians in accordance with AR 350-1 and AR 600–63, paragraph 4-4 (j) (2) (a).
- Maintain records of all Soldier's and Civilian's annual suicide training using the Digital Training Management System (DTMS).
- Ensure policies are in place for unit watch, weapons profiles, and other unit related procedures that relate to suicide related events.
- Implement the battle buddy system in accordance with AR 600–63. Foster a sense of responsibility in Soldiers and Civilians to provide watchful care and support to peers.
- Conduct an AR 15-6 investigation on every suicide.

Leadership Focus (continue)

- Monitor Soldier access to services and programs that support the resolution of behavioral health, family, and personal problems.
- For Soldiers, comply with regulatory referral requirements to ASAP (IAW AR 600-85) .
- Review consistency of disciplinary actions for substance abuse/misconduct within and across your units.
- Coordinate training events for NCO, officer, and Civilian supervisors on recognizing symptoms of distress and dysfunctional behavior in their personnel.

Leadership Focus (continue)

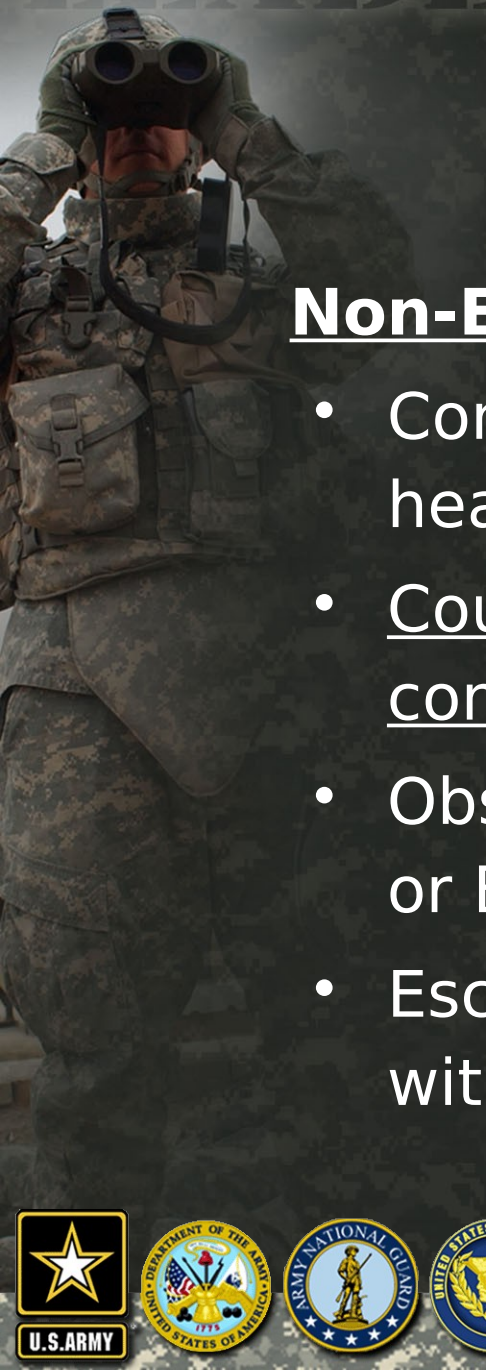
- Attend Community Health Promotion Council (CHPC) meetings, suicide prevention program councils, committees, task forces, and so on, as applicable.
- Familiarize yourself with AR 600-63 & DA PAM 600-24.

How to Refer

Responsibility always rests with unit leadership

Emergency:

- Threat to life is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- Escort immediately to the Emergency Room, Behavioral Health, Aid Station, Combat Stress Control Team, or the Chaplain.

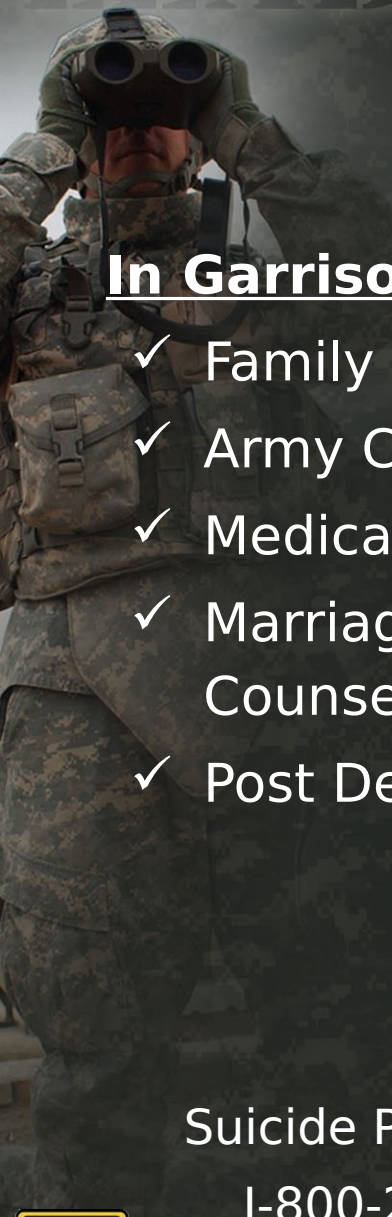


How to Refer
(continued)

Non-Emergency:

- Consult with a chaplain or behavioral health care provider
- Counsel Soldier and give a copy of the command referral (DoDD 6490.1)
- Observe Soldier's rights to see SJA and IG or EAP for Civilians
- Escort the Soldier to behavioral health with command referral memorandum

Resources



In Garrison:

- ✓ Family Life Chaplains
- ✓ Army Community Services
- ✓ Medical Services
- ✓ Marriage and Family Counselors
- ✓ Post Deployment Centers

During Deployment:

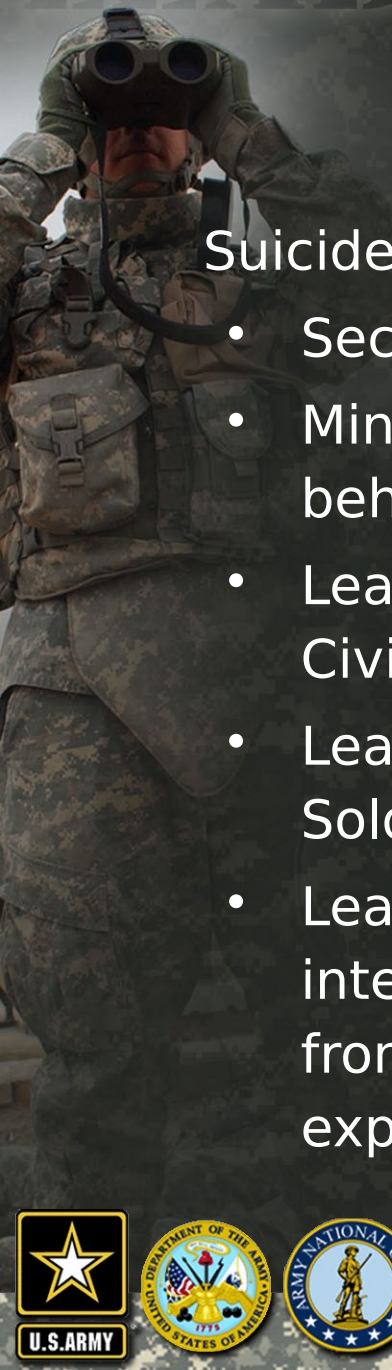
- ✓ Combat Stress Control Teams
- ✓ Medics
- ✓ Battalion Aid Station
- ✓ Chaplain

All Soldiers can use the Military One Source @ https://www.militaryonesource.com

DA G-1 Website: www.preventsuicide.army.mil

Suicide Prevention Lifeline, www.suicidepreventionlofeline.org ,

I-800-273 TALK (8255), Press 1 for the Veterans Crisis Line



Summary

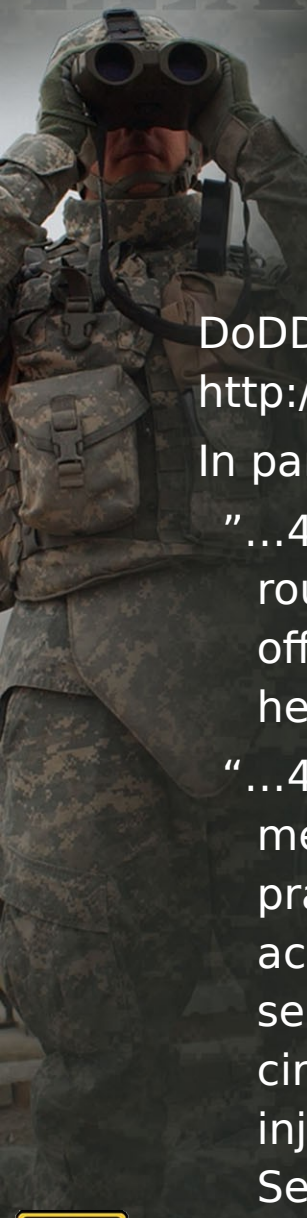
Suicides can be prevented in the Army by:

- Securing appropriate interventions for those **at risk**;
- Minimizing **stigma** associated with accessing behavioral health care;
- Leaders **knowing** and **caring** about their Soldiers and Civilians;
- Leaders constructively **intervening early**-on in their Soldiers' and Civilians' problems;
- Leaders paying close attention & providing constructive interventions to all personnel **facing major losses** from work-related issues, failed relationships, and experiencing legal or financial problems.

Questions?

Thanks for Listening and Getting Involved!

BACK-UP SLIDES



DoDD 6490.1
MENTAL HEALTH EVALUATIONS OF MEMBERS OF THE ARMED FORCES

DoDD 6490.1, dated 1 Oct 97 may be found at http://www.dtic.mil/whs/directives/corres/pdf/649001p.pdf

In part, DoDD 6490.1 states that . . .

”…4.2.2. Routine Referrals. Prior to referral of a Service member for a routine(non-emergency) mental health evaluation, the commanding officer first shall consult with a mental healthcare provider, or other healthcare provider, if a mental healthcare provider is not available…”

“…4.2.3. Emergencies. … The commanding officer shall refer a Service member for an emergency mental health evaluation as soon as is practicable whenever a Service member, by actions or words, such as actual, attempted or threatened violence, intends or is likely to cause serious injury to himself, herself or others and when the facts and circumstances indicate that the Service member's intent to cause such injury is likely and when the commanding officer believes that the Service member may be suffering from a severe mental disorder.”

Suicide Vignette #1

PVT Smith was a 22 year-old single, black male who was three months into his first deployment. While surfing MySpace.com, he learned that his deployed girlfriend was involved in another relationship. After that, PVT Smith began to abuse alcohol. One evening, PVT Smith refused to go to the gym with his buddies, which was unusual. That night, Private Smith took his own life.

Can you list the warning signs?

Given that you know PVT Smith, and are aware of his distress, which of the following would be the best response.

1. Wait and see how things go because it's not a good idea to interfere in another Soldier's personal matters. He might get angry.
2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the commander.
3. Because of his alcohol abuse, I would inform the Platoon SGT that something was troubling PVT Smith i.e., he was drinking too much. I would suggest that the Platoon SGT talk to him.

Suicide Vignette #2

SPC Rhodes was a 25 year-old, single white female, 91W, who has deployed three different times: twice to Iraq and once to Afghanistan. During a current deployment, her TMC experienced a mass casualty in which SPC Rhodes watched several Soldiers from her unit die. She was neither well-liked nor disliked by others. She frequently talked about her boyfriend back home and their plans to marry. About a week before she died, she received a letter from her boyfriend indicating that he wanted to terminate their relationship. SPC Rhodes was discovered in her bunk dead from a drug overdose.

Can you list the warning signs?

Given that you know SPC Rhodes, and are aware of her distress, which of the

following would be the best response.

1. " Dear John or Dear Joan" letters are common during deployments. It is best to wait and see how a Soldier will respond to such a letter. You don't want to ask intrusive questions unnecessarily because the Soldier could get angry.
2. If I had known about her boyfriend problems, I would have asked one of her girlfriends to talk to her. Girls relate better to each other. She would never tell a guy if she was suicidal.
3. Both the mass casualty and the loss of her boyfriend were concerns. I would talk to her to see if she was alright. As her buddy, I would make sure she talked to either the unit Chaplain or COSC team about her losses.

Suicide Vignette #3

PFC Morgan was a 19 year-old, single, white male, 11B, who had deployed twice to Iraq with significant combat exposure. PFC Morgan had difficulties learning new Soldiers' skills. Because of his slowness, he was often ridiculed by peers and leadership. Everyone believed that he accepted the treatment as good natured ribbing. Prior to his death, he gave away some personal belongings. About one day before his death, he also told a buddy that he had "had enough". This was interpreted as simple frustration. PFC Morgan was found dead in his car by carbon monoxide poisoning.

Can you list the warning signs?

Given that you know PFC Morgan, and aware of his distress, which of the following would be the best response.

1. If I had known he was angry about being "teased", I would talk to him to see if he was alright. I would ask him if he had thoughts of suicide. If he said yes, I would convince him to see a behavioral health provider in the morning. After he made a commitment, I would tell him that I would pick him up the next day.
2. In the Army, people are always joking with each other. That's how we all deal with the stress. If you can't handle the ribbing, you should get out of the Army.
3. When I heard that he had had enough, I would immediately ask him if he was thinking of suicide. If he said yes, I would stay with him, and inform the chain of command. I would never leave him alone until he saw a helping provider.

Suicide Vignette #4

SGT Jones was a 34 year-old, married white male, 13B, who was six months into his first deployment. SGT Jones received a verbal counseling for not following proper risk assessment procedures which may have led to combat casualties. He declined mid-tour leave. One week before his death, he received an Article 15 for falling asleep while on guard duty. SGT Jones took his life using his own military weapon.

Can you list the warning signs?

Given that you know SGT Jones, and are aware of his distress, which of the following would be the best response.

1. Being in a war zone, he should have lost his stripes. Falling asleep on guard duty is unacceptable.
2. It was apparent that SGT Jones had issues. I believe that another NCO should talk to him to see if he is alright. This is NCO business.
3. Leadership should have recognized that it is not usual for an NCO to get an Article 15. SGT Jones must have been experiencing personal problems. I would have recommended that he talk to behavioral health.